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**To:**

NAME:	FACSIMILE:	TELEPHONE:
MS Amendment Attention Examiner Thomas A. Dixon	(703) 872-9306	(703) 305-4645

**FROM:** Norman R. Khivans**DATE:** February 23, 2005

Number of pages with cover page:	23
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**Comments:**

Attorney Docket No.: 549222000101  
Group Art Unit: 3629  
Examiner: T. Dixon  
Application No.: 08/977,846  
Filing Date: November 25, 1997  
Inventor(s): John O. RYAN  
Title: METHOD AND SYSTEM FOR INFORMATION DISSEMINATION WITH USER MENU  
INTERFACE (AS AMENDED)

**Papers enclosed:**

1. Transmittal Form(1 page)
2. Fee Transmittal + duplicate copy for fee processing (2 pages)
3. Petition for Extension of Time (1 page)
4. Amendment (18 pages)

PTO/SB/21 (08-04)

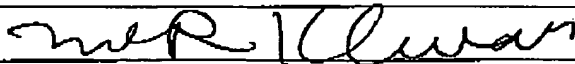
Approved for use through 07/31/2006, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	08/977,846
		Filing Date	November 25, 1997
		First Named Inventor	John O. RYAN
		Art Unit	3629
		Examiner Name	T. Dixon
Total Number of Pages in This Submission	22	Attorney Docket Number	549222000101

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (18 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Norman R. Kivans		
Date	February 23, 2005	Reg. No.	33,003

I hereby certify that this correspondence is being facsimile transmitted to MS Amendment at the USPTO (703) 872-8306 on the date shown below.

Dated: February 23, 2005

Signature: 

(Marc Pattison)

pa-958781

PTO/SB/17 (12-04)

Approved for use through 7/31/2006. OMB 0851-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 08/977,846 Filing Date November 25, 1997 First Named Inventor John O. RYAN Examiner Name T. Dixon Art Unit 3629 Attorney Docket No. 549222000101	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1,120.00			

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
61	- 59 = 2	50.00	100.00	Fee (\$)	Fee Paid (\$)
				360.00	0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 2 = 0	200.00	0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	0.00

**4. OTHER FEE(\$)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0.00
Other: 1253 Extension for response within third month	1,020.00

**SUBMITTED BY**

Signature	<i>Norman R. Klivans</i>	Registration No. (Attorney/Agent)	33,003	Telephone	(650) 813-5850
Name (Print/Type)	Norman R. Klivans	Date	February 23, 2005		

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